

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**ROTHFUS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>MR. AMIRAM ELIS</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 15 / 2015
Mailing Address 6630 FOREST GLEN RD.		Transaction ID : SA11AI.30051
City PITTSBURGH	State PA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer SELF EMPLOYED	Occupation INVESTOR	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>DR. PETER G. ELLIS</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 15 / 2015
Mailing Address 1410 BEECHWOOD BLVD.		Transaction ID : SA11AI.30056
City PITTSBURGH	State PA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer UPMC	Occupation PHYSICIAN	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>MR. DAVID FEDERLINE</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 26 / 2015
Mailing Address 4709 LOGAN FERRY ROAD		Transaction ID : SA11AI.30067
City MURRYSVILLE	State PA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer ECKERT SEAMANS	Occupation CFO	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<b>TOTAL</b> This Period (last page this line number only).....	